CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



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A PUBLIC DOCUMENT

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NAF	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Di	az	Christopher	J.
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		3
	Milpitas, City of		
	Division, Board, Department, District, if applicable	Your Po	sition
		City A	uttorney
	▶ If filing for multiple positions, list below or on an att	tachment. (Do not use acronyms)	
	Agency:	Position	
_ 2.	Jurisdiction of Office (Check at least one b	ox)	
	State		Retired Judge, Pro Tem Judge, or Court Commissioner vide Jurisdiction)
	Multi-County	☐ County	y of
	☑ City of Milpitas	Other	
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, December 31, 2019.	through Leavi	ing Office: Date Left/(Check one circle.)
	The period covered is	, through O TI	ne period covered is January 1, 2019, through the date of aving office.
	Assuming Office: Date assumed		he period covered is through e date of leaving office.
	Candidate: Date of Election	and office sought, if different than	Part 1;
4.	Schedule Summary (must complete)	► Total number of pages in	cluding this cover page:
	Schedules attached		
	Schedule A-1 - Investments - schedule attach	ned Schedule C	Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attach		Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attach	— Antoniolo E	Income - Gifts - Travel Payments - schedule attached
Ŀ	or- 🗆 None - No reportable interests on a	ny schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	2001 N. Main Street, Suite 390	Wainut Creek	CA 94596
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	
	(925) 977-3300		r.diaz@bbklaw.com
	herein and in any attached schedules is true and com	nplete. I acknowledge this is a public	
	I certify under penalty of perjury under the laws o	of the State of California that the for	egoing is true and correct
	Date Signed VIVI vo	Signature	(W)
	(month, day, year)	1000 - 900	(Nie Ind originally signed paper staffment with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Christopher Diaz	

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Best Best & Krieger LLP GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
the surface and the surface an	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 19 , , 19	, , 19 , , 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TAID LADVET VALUE	FAIR MARKET VALUE
FAIR MARKET VALUE \$\tilde{\tau}\$ \\$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE. LIST DATE	IF APPLICABLE, LIST DATE:
40	
ACQUIRED DISPOSED	Vodours pistogra
Commente:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Christopher Diaz

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2001 N. Main St., #390, Walnut Creek, CA 94596	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner	
GROSS INCOME RECEIVED No Income - Business Position Only	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only
☐ \$10,001 - \$100,000 💢 OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boet, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	
You are not required to report loans from a commercial I a retail installment or credit card transaction, made in the members of the public without regard to your official state regular course of business must be disclosed as follows	ending institution, or any indebtedness created as part of e lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
(Caramator National Notations)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None ☐ Personal residence
DOSINESS ASTRONY, II ANT, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	<u> </u>
S10,001 - \$100,000	Guarantor
[] OVER #400 000	
OVER \$100,000	
	Other(Describe)
Comments:	Other(Describe)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Christopher Diaz

► NAME OF SOUR	CE (Not an Acron)	ym)	► NAME OF SOURC	E (Not an Acroi	nym)
Bob Nunez					
ADDRESS (Busine			ADDRESS (Busines	ss Address Acce	eptable)
-		pitas CA 95035			
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF CIFTICS
DATE (Hilledayy)	VALUE	DESCRIPTION OF SIPI(S)	DATE (min/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 , 03 , 19</u>	<u>\$ 200</u>	BayMEC Gala		\$	-
	\$, ,	s	
	,			V	
	\$			\$	
NAME OF SOURCE	CE (Not an Acrony	/m)	► NAME OF SOURC	E (Not an Acror	nym)
ADDRESS (Busines	na Addrona Anna	dabla)	ADDRESS (Outline		-4-14-3
ADDRESS (Busine	iss Address Accep	rabie)	ADDRESS (Busines	is Address Acce	prable)
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE Assertion					····
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	s			\$	
	\$			\$	_
	\$			\$	
NAME OF SOURCE	E (Not an Acrony	m)	► NAME OF SOURCE	E (Not an Acron	nym)
ADDRESS (Busine	ss Address Accept	(able)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIV	ITY, IF ANY, OF S	SOURCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			s	···
	\$			\$	
Comments:			-	-	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McHarris	Steve	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas	5	
Division, Board, Department, District, if app	licable	Your Position
City Manager's office		City Manager (interim)
▶ If filing for multiple positions, list below	or on an attachment (Do not	
I ming to mariple positions, list below	or on an attachment. [Do not	use actonyms)
Agency:		Position:
O Ludadiation of Offi		
2. Jurisdiction of Office (Check at)	east one box)	
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☑ City of Milpitas		•
3. Type of Statement (Check at leas	t one box)	
Annual: The period covered is Janua	ry 1, 2019, through	Leaving Office: Date Left/
December 31, 2019.		(Check one circle.)
	_/, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sour	ht, if different than Part 1:
4. Schedule Summary (must com Schedules attached	ıplete) ► Total numbe	er of pages including this cover page:
Schedule A-1 - Investments – sche	dule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sche		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sche		Schedule E · Income - Gifts - Travel Payments - schedule attached
3 3		,
-or- None - No reportable intere	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public L	Document)	
455 E. Calaveras Blvd. DAYTIME TELEPHONE NUMBER	Milpitas	CA 95035
(408)586-3059		EMAIL ADDRESS smcharris@ci.milpitas.ca.gov
· · · · · · · · · · · · · · · · · · ·	aring this statement. I have row	riewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is tru	e and complete. I acknowledge	e this is a public document.
		ornia that the foregoing is true and correct.
III	9	Mul
Date Signed March 0, 2020		Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)

Date Initial Filing Received Filing Official Use Only

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS Office

COVER PAGE

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NAME OF FILER (LAST)		(FIRST)		(MIDDLE)
Rossmann, Walter				
. Office, Agency, or Court				
Agency Name (Do not use acronyms)	,			
City of Milpitas				
Division, Board, Department, District, if applicab	le	Your Position		
Finance Department		Director		
➤ If filing for multiple positions, list below or on	an attachment. (Do not u	se acronyms)		
Agency:		Position:		
. Jurisdiction of Office (Check at least	one box)			
☐ State		Judge, Retire (Statewide Ju	ed Judge, Pro Tem Jud urisdiction)	ge, or Court Commissioner
Multi-County		_ `	•	
X City of Milpitas		Other		
				····
3. Type of Statement (Check at least one	a pox)			
Annual:The period covered is January 1 December 31, 2019	, 2019 through	Leaving Off	ice: Date Left	
-or-		O The peri	,	one circle) 1, 2019 through the date of
The period covered is 06 / 0 December 31, 2019	3 / 2019, through	leaving o	office.	-
Assuming Office: Date assumed	J	The periodof leaving		, through the date
Candidate:Date of Election.	and office sought, if	f different than Part 1:		
I. Schedule Summary (must complet	e) Total number	of mass including	this sover negat	1
Schedules attached	o/ F Total number	of pages including	uns cover page.	
Schedule A-1 - Investments - schedu	le attached	Schedule C - Inco	ome Loans & Busines	ss Positions - schedule attached
Schedule A-2 - Investments - schedu		_	ome - Gifts - schedule	
Schedule B - Real Property - schedu			· · · · · · · · · · · · · · · · · · ·	ayments - schedule attached
-or-				
■ None - No reportable interests on	any schedule			
i. Verification				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public Documents of Agency Agency Address Recommendation - Public Documents of Agency Agency Agency - Public Documents of Agency - Publi		oitan	CA	95035
455 E. Calaveras Blvd. DAYTIME TELEPHONE NUMBER	MII	E-MAIL ADDRESS	<u> </u>	73000
(408) 586-3111		wrossmann@ci.m	ilpitas.ca.gov	
I have used all reasonable diligence in preparing therein and in any attached schedules is true a				wledge the information containe
certify under penalty of perjury under the	laws of the State of Calif	ornia that the foregoing	is true and correct.	
Date Signed 02/09/2020		SignatureWalter F	lossmann	
(month, day, year)		(Fil	e the originally signed paper sta	element with your filing official.)